

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE**

## Section I: Agreement Details

Public Employer:	The Fairview Free Public Library	County:	Bergen		
Employee Organization:	United Public Service Employees Union	Employees in Unit:	15		
Base Year Contract Term:	1/1/2007	12/31/2009	New Contract Term	1/1/2010	12/31/2015
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation				

		<u>Column A</u> <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	<u>Column B</u> <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1 .....	Salary	\$128,394	<u>\$130,962</u>
Item 2 .....	Increment		
Item 3 .....	Longevity	\$3,200	\$3,500
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet		Additional Items	
Section III: Totals - Sum of costs in each column		<u>\$131,594</u>	<u>\$134,462</u>
		(Total)	(Total)

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**Section IV: Analysis of new successor agreement**

## NEW AGREEMENT ANALYSIS

<u>Total Base Year (previous agreement)</u>	<u>\$131,594</u>
<u>Effective Date (m/d/yyyy)</u>	<u>1/1/2010</u>
Percent increase .....	2.0%
Total cost of increase ..	\$2,868
Total base salary (successor agreement) .....	\$130,962
	<u>\$133,581</u>
	<u>\$136,253</u>
	<u>\$138,978</u>
	<u>\$141,757</u>
	<u>\$144,593</u>

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**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)	2.00
Dollar Impact (average per year over term of agreement)	\$2,949.83

## Section VI

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1				
Cost of Health Plan .....	_____	_____	_____	_____	_____	_____
Employee Contribution .....	_____	_____	_____	_____	_____	_____
Prescription .....	_____	_____	_____	_____	_____	_____
Dental .....	_____	_____	_____	_____	_____	_____
Vision .....	_____	_____	_____	_____	_____	_____

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

## Section VII